		Best	Avail	Ide	e Cor	Ŋ	· •,	~				;
PATENT APPLICATION FEE DETERMINATION REC						Application on Particular						
		SMALL	ENTITY	1-6	Ŧ.		-					
TOTAL CLAIR	MS		(Column 1) (Column 2)				TYPE		0	R SMAI	ER THAI L ENTIT	7
FOR			NUMBER FILED		NUMBER EXTRA		RATE BASIC FI			RATE		E.
TOTAL CHARGEABLE CLAIMS			9.9 minus 20=		. 2			-	~  0	BASICF	-	_
INDEPENDENT CLAIMS		19	19 minus 3 =		· a		X\$ 9-		_ 0	R X\$18	36	2
MULTIPLE DEF	ENDENT CLAIM	PRESENT			X4			<u> </u>		R X80□	7-20	2
If the differen	ce in column 1	is less than	ess than zero, enter "O" in column 2			j	+135=		01	+270s		
							TOTAL		Ja		46	2
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								ENTITY	• • • •		RTHAN	
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID F	ER	PRESENT EXTRA		RATE	ADDI- TIONA	7	RATE	ADDI	Ħ
Total	. 19	Minus	-20	5	- Ø,		X\$ 9=	FEE	OÄ	2318=	FEE	$\dashv$
FIRST POE	SENTATION OF I	Minus	1-12		· '(1)		X40=	┝╌	1		╂	4
7 110	SENTATION OF I	MULTIPLE	EPENDENT	CLAIM			+135=	<del>                                     </del>			-	$\dashv$
						ł	TOTAL	ļ	JOR		<u> </u>	4
9-2-05	(CORUMN 1)		(Colum	n 2)	(Cotumn 3)	4	NDOIT. FEE	<u> </u>	OR	ADDIT. FEE		4
Total Independent	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMBI PREVIOU PAID R	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL	
Total	. 22	Minus	2	2	·		X\$ 9-		OR	X\$18=	FEE	1
Independent	NTATION OF M	Minus	12		• 3	ŀ	X40a			X80=		1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		OR		600-	1
_	_					L	YOYAL		OR	+270=		1
7-30-05	(Column 1)		(Calumn	2) /	Column 3)	AI	DOIT. FEE		OR	ADDIT. FEE	600-	\$ 1
	CLAIRS REMAINING AFTER AMENDMENT		HIGHES NUMBEI PREVIOUS PAID FOR	A L	PRESENT EXTRA	Ė	RATE	ADDI- TIONAL		RATE	ADDI- TIONAL	1
Total	• 22	Minus	. 22	_		r	X\$ 9=	FEE	}		FEE	ł
Independent	15	Minus	16			$\vdash$			OR	X\$18=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X40=		OR	X80=		
the entry in column 1 is less than the entry in column 2, write "O" in column 3, the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	+270=		
The state of the s							TOYAL SIT. FEE		OR ,	TOTAL		ı